

STATE SELPA IEP TEMPLATE

Service Options considered: _____

RECOMMENDATIONS FOR SPECIAL EDUCATION AND RELATED SERVICES BASED ON IEP TEAM FINDINGS

Service	Personnel/Agency Responsible	Initiation Date	Duration	Frequency (Min. per wk/Mo)	Location
ESY (if appropriate)					

Rationale for recommendations: _____

Services and modifications are in effect for the duration of the IEP except as noted _____

Extent student will not participate in regular education classes and activities _____%

Will all special education services be provided at student's school of residence?

☐ Yes ☐ No (rationale) _____

Special Education Transportation ☐ No ☐ Yes _____

PARTICIPATION IN STATE/DISTRICT WIDE ASSESSMENTS

STAR

CAT-6/California Standards Test

☐ Full Participation ☐ Partial Participation (Why) _____

☐ No Accommodations/Modifications ☐ with Accommodations _____

☐ with Modifications _____

☐ California Alternate Performance Assessment (CAPA) – Level _____ Participation in the CAT-6/CST not appropriate because _____

☐ Age Exempt ☐ Parent Exemption (Letter on file)

CAHSEE (California High School Exit Exam)

☒ No Accommodations/Modifications ☒ with Accommodations _____

☒ with Modifications _____

Other State Assessments/Accommodations _____

Other District Assessments/Accommodations _____